

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90193 020 \*\*\*150.00

0550298

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000003106**

1. Corporation Name  
**FARMLAND MUTUAL INSURANCE COMPANY**



Principal Place of Business  
**1963 BELL AVE  
 DES MOINES IA 50315**

Mailing Address  
**1963 BELL AVE  
 DES MOINES IA 50315**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**06/19/1996**

4. FEI Number  
**42-0618271**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **DC STEWART, ROBERT LEONARD**  
 STREET ADDRESS **88740 FAIRVIEW RD**  
 CITY-ST-ZIP **JEWETT OH 43986**

TITLE  DELETE  
 NAME **D MCFERSON, DIMON RICHARD**  
 STREET ADDRESS **1657 WINGATE DR**  
 CITY-ST-ZIP **DELAWARE OH 43015**

TITLE  DELETE  
 NAME **D ENGEL, WILLARD JAMES**  
 STREET ADDRESS **301 E MAIN ST**  
 CITY-ST-ZIP **MARSHALL MN 56258**

TITLE  DELETE  
 NAME **D HOLLINGSWORTH, DAVID KARL**  
 STREET ADDRESS **7120 TEMPERANCE POINT ST**  
 CITY-ST-ZIP **WESTERVILLE OH 43082**

TITLE  DELETE  
 NAME **D LEWIS J ALPHIN**  
 STREET ADDRESS **519 BETHEL CHURCH RD**  
 CITY-ST-ZIP **MT OLIVE NC 28365**

TITLE  DELETE  
 NAME **D KEITH ECKEL**  
 STREET ADDRESS **1647 FALLS RD**  
 CITY-ST-ZIP **CLARKS SUMMIT PA 18411**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **D ENGEL, WILLARD JAMES**  
 3.3 STREET ADDRESS **301 E. MARSHALL STREET**  
 3.4 CITY-ST-ZIP **MARSHALL, MN 56258**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/99** DAYTIME PHONE #: **515-245-8800**  
 Signature, typed or printed name of signing officer or director

CR2E034 (1/98)